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Bib Data Sheet

CONFIRMATION NO. 2830

<b>SERIAL NUMBER</b> 10/687,706	<b>FILING OR 371(c) DATE</b> 10/20/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1657	<b>ATTORNEY DOCKET NO.</b> 102258.170 US2
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/697,317 10/27/2000 PAT 6,635,273  
 which claims benefit of 60/179,020 01/31/2000  
 and claims benefit of 60/162,230 10/29/1999  
 This application 10/687,706  
 is a CON of 10/415,136 04/25/2003 PAT 7,235,237  
 which is a 371 of PCT/US01/14245 05/02/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 01/20/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 169	<b>INDEPENDENT CLAIMS</b> 7
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Verified and Acknowledged  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

**ADDRESS**  
 25270

**TITLE**  
 Methods Of Treating Vascular Diseases Characterized By Nitric Oxide Insufficiency

<b>FILING FEE RECEIVED</b> 2460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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